



MYOCARDIAL ISCHEMIA AND INFARCTION

LONG TERM IMPACT OF RACE/ETHNICITY ON DEATH, MYOCARDIAL INFARCTION AND STROKE AMONG PATIENTS ENROLLED IN THE BYPASS ANGIOPLASTY REVASCULARIZATION INVESTIGATION OF TYPE 2 DIABETES TRIAL (BARI 2D)

ACC Poster Contributions
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Authors: *Nirat Beohar, Veronica Sansing, V.S. Srinivas, Andrew Davis, Stephen Thomas, Tarek Helmy, Luis Lepe, Maria Brooks, BARI 2D Study Group, Northwestern University, Chicago, IL, University of Pittsburgh, Pittsburgh, PA*

Background: To evaluate the impact of race/ethnicity on cardiovascular outcomes among patients with type 2 diabetes mellitus (DM) and coronary artery disease (CAD) in BARI 2D.

Methods: Patients from US and Canada (Total n= 1852, White n=1189, Black n=349, Hispanic n=212) were randomized to coronary revascularization and intensive medical therapy (IMT) vs IMT and insulin sensitization vs provision. Average follow-up was 5.3 yrs.

Results: Risk factors varied by race/ethnicity (White, Black, Hispanic) at baseline (p across groups): LDL ≥ 100 mg/dl, BP $> 130/80$ mmHg, HbA1c $\geq 7\%$, Albumin/creatinine ratio (ACR) > 300 (p <0.001) and BMI (p=0.01). Blacks had a significantly lower burden of CAD: Myocardial jeopardy: mean 44, 39, 40 (p=0.001).

At 5 year follow up, risk factor profiles were significantly better for all groups however differences persisted (all p=0.001). The use of aspirin, statins, ACE-I, TZDs, biguanide and sulfonyl ureas was similar except beta blockers (p=0.02) and insulin (p=0.005) across groups.

The adjusted 5 year outcomes did not vary significantly by race/ethnicity. (Table)

Conclusions: In BARI 2D, significant race/ethnic differences in baseline CAD and risk profile that persisted throughout follow up did not translate into significant differences in 5 year rates of Death or Death/MI/Stroke. Closely monitored IMT appears to mitigate the impact of differences in risk factors and burden of CAD by race/ethnicity on clinical outcomes.

Table: Adjusted hazard ratios by Race/Ethnicity

	HAZARD RATIOS/Adjusted	95% CI	p-value
DEATH			
Black nH	1.24	0.52-1.58	0.23
Hispanic	0.86	0.36-1.36	0.57
White nH (reference)	1.00	0.79-1.31	0.73
DEATH/MI/STROKE			
Black nH	1.05	0.79-1.31	0.73
Hispanic	0.82	0.46-1.18	0.28
White nH	1.00		